

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/591213**
 FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER (w/ AMENDMENT)		AFTER (w/ AMENDMENT)			AS FILED		AFTER (w/ AMENDMENT)		AFTER (w/ AMENDMENT)	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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12							62						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	36	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	41						TOTAL CLAIMS						